



Missouri Department of Health and Senior Services
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Director



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TRAUMA CENTER REVIEW CHECKLIST – LEVEL II

FACILITY: _____ LOCATION: _____ DATE: _____

TEAM: _____

General Standards for Trauma Center Designation: 19 CSR 30-40.430	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
1. Board resolution to demonstrate hospital commitment to trauma care by committing the hospital's resources to: A. Policy/procedures B. Priority admission for trauma patient C. Agrees to accept all trauma patients, regardless of sex, creed or ability to pay D. Hospital Trauma program shall provide the trauma team with appropriate experience to maintain skill/proficiency in the care of trauma patients, includes continuing education.	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
2. Lighted helicopter pad, cordoned off, no more than 3 minutes from the ED	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
3. Trauma Medical Director A. Board certified surgeon B. Job description and organizational chart depicting the relationship between the trauma medical director and other services C. Member of the surgical trauma call roster D. Responsible for education/training of the medical and nursing staff in trauma care E. Document 16 hours of trauma-related CME every year	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
4. Trauma Nurse Coordinator A. Job description/organizational chart depicting the relationship between the trauma nurse coordinator and other services B. Document a minimum of 24 hours of continuing nursing care in trauma care every year	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
5. Surgical Trauma Call Roster A. At the time of initial review, all members of surgical trauma call shall be ATLS certified or be registered for a provider course. B. Documented a minimum of 8 hours of CME in trauma care every year. If adult/pediatric, an additional 6 hours of pediatric trauma must be included	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
6. Demonstrated adequate post-discharge follow-up on trauma patients, including rehabilitation, when applicable, discharge summaries to attending physicians, and documentation in the medical record.	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
7. Missouri trauma Registry	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	

<p>8. Trauma Team Activation Protocol</p> <p>A. Establishes criteria used to rank severity and type of injury and identifies the persons authorized to notify trauma team members when a major trauma is in route or has arrived at the trauma center</p> <p>B. Shall have a plan to notify tissue and/or organ procurement organizations and cooperate in the procurement of anatomical gifts</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	<p>Comments:</p>
<p>9. Hospital Organization Standards</p> <p>A. Delineation of privileges by the medical staff credentialing committee</p> <p>B. All members of the surgical trauma call roster shall comply with availability and response requirements.</p> <p>C. Physicians who are board-certified or board admissible shall be on trauma center staff:</p> <p>General Surgery-IA OB/GYN-PA Neurologic- IA Ophthalmic-PA Orthopedic-PA Otorhinolaryngologic-PA Plastic-Maxillofacial-PA Thoracic-PA Urologic-PA Emergency Medicine-IH Anesthesiology-IA Cardiology-PA Hematology-PA Nephrology-PA Internal Medicine-PA Pathology-PA Pediatrics-PA Psychiatry-PA Radiology-PA</p> <p>Comment: General surgery requirement may be fulfilled by a Senior Resident credentialed in general surgery, if the trauma surgeon is IA and in attendance.</p> <p>Neurology requirement may be fulfilled by a surgeon who is credentialed by the chief of neurologic surgery and is capable of initiating measures toward stabilizing the patient and performing diagnostic procedures.</p> <p>Anesthesiology – requirement may be met by CRNA as long as staff anesthesiologist is IA and the CRNA is capable of assessing emergent situations, initiating care and treatment</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	
<p>10. Emergency Department Standards:</p> <p>A. Staffing shall ensure immediate and appropriate care of the trauma patient</p> <p>B. Physician director shall be board-certified or board-admissible in emergency medicine</p> <p>C. Physician competent in the care of critically injured patients 24/7</p> <p>D. All ED physicians shall be ATLS and ACLS certified</p> <p>E. ED physician shall be a designated part of the trauma team and shall document 16 hours of continuing trauma related CME yearly</p> <p>F. Written protocols defining the relationship of the ED physician to other physician members of the trauma team</p> <p>G. ED shall employ a trauma utilization assessment system. There shall be no fewer than one (1) RN on duty per shift credentialed in trauma</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	

<p>nursing. All Registered Nurses regularly assigned to the ED shall be credentialed in trauma nursing by the hospital no later than one (1) year of assignment.</p> <p>H. Registered nurses credentialed in trauma nursing shall document 8 hours of trauma related CEU per year</p> <p>I. By the time of initial review, all registered nurses assigned to the ED shall have successfully completed or be registered for a provider ACLS course</p> <p>Equipment: Shall include the following:(includes equipment checked according to hospital PM)</p> <ol style="list-style-type: none"> 1. Airway control devices include:ventilation/endotracheal/laryngoscopes/oxygen/mechanical ventilation/bag-mask,pediatric sizes 2. Suction devices, including pediatrics 3. EKG, oscilloscope, defibrillator, including pediatric sizes 4. Central Line insertion 5. All standard IV fluids and administration devices, includes catheters, include pediatric sizes 6. Sterile surgical sets for appropriate procedures in the ED 7. Gastric Lavage 8. Drugs and supplies necessary for emergency care 9. Two-way radio linked with emergency medical service vehicles 10. End-tidal CO2 and mechanical ventilators, including pediatric 11. Skeletal tongs 12. Temperature control devices for patient, parenteral fluids and blood 13. Rapid infusion system for parenteral infusion <p>J. Designated trauma resuscitation area in the ED</p> <p>K. X-ray capability with 24/7 coverage(IH)</p> <p>L. Nursing documentation shall be on a trauma flow sheet</p>		
<p>Standards for Intensive Care</p> <ol style="list-style-type: none"> 1. Designated surgeon medical director for the ICU 2. A physician who is not the ED physician shall be on call and available within 20 minutes 3. Patient classification system which defines the severity of injury and indicates the number of registered nurses needed to staff the unit. (Minimum nurse/patient ratio 1:2) 4. Registered nurses shall be credentialed in trauma care within 1 year of assignment, documenting a minimum of 8 hours of trauma-related continuing education. 5. Nursing care documentation shall be on a 24 hour flow sheet 6. At the time of initial review all registered nurses assigned to ICU shall have successfully completed or be registered for a provider ACLS 7. There shall be beds available or comparable care provided until space is available in ICU 8. Equipment for resuscitation shall be available(documentation all checked by PM) <p>A. All airway control and ventilation equipment including endotracheal tubes, laryngoscopes, bag-mask, mechanical</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	<p>Comments:</p>

<ul style="list-style-type: none"> ventilator, including pediatric B. Oxygen sources with concentration devices C. Cardiac emergency cart, including pediatric medications D. Temporary pacemaker, including pediatric E. EKG, oscilloscope and defibrillator, includes pediatric F. Cardiac output monitoring G. Electronic pressure monitoring H. End-tidal CO₂ I. Patient weighing devices, includes pediatric J. Pulmonary function measuring devices, includes pediatric K. Temperature control devices for adult and pediatric L. Drugs, Intravenous fluids and supplies for adult and pediatric patients M. Intracranial pressure monitoring devices 		
Standards for Post Anesthesia Care Unit <ul style="list-style-type: none"> 1. Registered nurses and other essential personnel shall be on-call and available within 20 minutes 2. Equipment for resuscitation shall be available: <ul style="list-style-type: none"> A. All airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask resuscitation, sources of oxygen and mechanical ventilation B. Suction devices C. EKG, oscilloscope, and defibrillator D. Apparatus to establish central venous pressure monitoring E. All standard intravenous fluids and administration devices, including intravenous catheters F. Sterile surgical set for emergency care G. Drugs and supplies necessary for emergency care H. Temperature control devices for patient, parenteral fluids and blood I. Intracranial pressure monitoring devices J. Temporary pacemaker K. Electronic pressure monitoring devices L. Pulmonary function measuring devices 	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Transfer agreements: (if hospital does not have these capabilities) <ul style="list-style-type: none"> 1. Hemodialysis 2. Burn Unit 3. Injury rehabilitation and spinal cord injury rehabilitation 4. Pediatric trauma 	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Radiological Capabilities: <ul style="list-style-type: none"> 1. Angiography of all types 2. Resuscitation equipment available to the radiology department 3. Adequate physician and nursing personnel present with the monitoring equipment to fully support the trauma patient and provide documentation of care during the time the patient is physically present in the radiology department and during transport to and from 	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:

radiology 4. In-house computerized tomography 5. Computerized tomography technician(IA)		
There shall be documentation of adequate support services from time of admission to discharge	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
Standards for Medical-Surgical Floors: 1. Registered nurses and other essential personnel on duty 24/7 2. Equipment for resuscitation and life support shall include: A. All airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask and sources of O2 B. Suction devices C. EKG, oscilloscopes and defibrillator D. All standard intravenous fluids and administration devices and intravenous catheters E. Drugs and supplies necessary for emergency care F. Documentation that all equipment checked according to the hospital preventive maintenance schedule	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Standards for the Operating Room 1. Operating room personnel shall be adequately staffed in-house 24 hours a day 2. Equipment shall include but not be limited to: A. Thermal control equipment for patient, parenteral fluids and blood B. X-ray capability C. Endoscopes, all varieties D. Instruments necessary to perform an open craniotomy E. Monitoring equipment F. Documentation that all equipment is checked according to hospital PM	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Standards for Clinical Laboratory: 1. Standard analysis of blood, urine and other body fluids 2. Blood typing and cross-matching 3. Coagulation studies 4. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities 5. Blood gases and pH determinations 6. Serum and urine osmolality 7. Microbiology 8. drug and alcohol screening 9. Written protocol that the trauma patient receives priority	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Standards for Quality Assurance, Outreach, Public Education and Training for Trauma Center Designation: 1. Regular reviews of all trauma –related deaths that are within seven (7) days of admission to a trauma center 2. Regular morbidity/mortality review 3. A regular multidisciplinary trauma conference that includes all	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:

members of the trauma team, with minutes of the conferences to include attendance, individual cases reviewed and findings	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
4. Regular medical and nursing audits, utilization reviews and tissue reviews	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
5. Regular reviews of reports generated by the Missouri Department of Health and Senior Services from the Missouri trauma registry and the head and spinal cord injury registry	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
6. Regular reviews of pre-hospital and regional systems of trauma care	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
7. A separate Quality Assurance for CRNAs by physicians responsible for the anesthesiology service	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
8. Public Education service established to promote injury prevention and standard first aid and to resolve problems confronting the public, medical profession and hospitals regarding optimal care for the injured patient	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
9. The hospital shall document existing or planned programs to increase public awareness of trauma prevention. These programs may be collectively presented with other hospitals and organizations	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
10. The hospital shall be actively involved in local and regional emergency medical services systems by providing training and clinical resources	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
11. There shall be a hospital-approved procedure for credentialing nurses in trauma care	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
A. All nurses regularly assigned to the ED or ICU shall complete a minimum of 16 hours of trauma nursing courses to become credentialed in trauma care		
B. The content and format of any trauma nursing courses developed and offered by the hospital shall be developed in cooperation with the trauma medical director. A copy of the course curriculum shall be filed in Bureau of EMS (TNCC or other courses offered by higher education shall suffice)		
12. Hospital diversion information must be maintained to include date, length of time and reason for diversion. This must be monitored as part of quality assurance process and must be available when the hospital is site reviewed.	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	
13. The hospital shall agree to cooperate with BEMS in conducting epidemiological studies and individual case studies for the purpose of developing injury control and prevention programs	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	